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To:	Tan V. Mai	From:	Michael J. Willardson
Fax:	571.273.8300	Pages:	21 (including cover)
Phone:		Date:	September 16, 2005
Our Ref:	012.P10010	CC:	

Urgent For Review Please Comment Please Reply Please Recycle

Please find attached for filing in connection with application no. 09/966,103, entitled PRECISION COMPLEX SINUSOID GENERATION USING LIMITED PROCESSING, the following documents:

- RCE Transmittal;
- Fee Transmittal;
- Credit Card Payment Form;
- IDS; and
- Amendment for RCE.

CERTIFICATE OF FACSIMILE TRANSMISSION

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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**Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**
**FEE TRANSMITTAL
For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 2150

Complete If Known	
Application Number	09/966,103
Filing Date	10/1/2001
First Named Inventor	Ganesan Thiagarajan
Examiner Name	T. Mai
Art Unit	2193
Attorney Docket No.	012.P10010

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3130 Deposit Account Name: Berkeley Law & Technology

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) **Fee (\$)** **Small Entity Fee (\$)**

Each independent claim over 3 (including Reissues) **Fee (\$)** **Small Entity Fee (\$)**

Multiple dependent claims **Fee (\$)** **Small Entity Fee (\$)**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
65	- 20 or HP =	31	x 50 =	1550

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
7	- 3 or HP =	3	x 200 =	600

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

SUBMITTED BY		Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Michael J. Willardson		50,858	503.439.6500
				Date September 16, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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